Caremark Credentialing/Service Level Worksheet

Please complete this form and return to Caremark with your signed Provider Agreement

NPI #: 1518274280 NCPDP #: 5900952

Pharmacy/Corp Name: ALTERNATIVE MEDICINE AND PHARMACY, INC. Pharmacy Name (DBA): OMNIPLUS PHARMACY

Physical Address: 4916 MAIN ST., #100 Mailing Address: 4916 MAIN ST., #100

City: HOUSTON ST: TX ZIP: 77002 City: HOUSTON ST: TX ZIP: 77002

Email Address: BRANCO@OMNIPLUSHEALTHCARE.COM Website:

Phone: 713-874-0300 TTY/TDD:

Fax: 713-874-0314 Toll Free: 855-346-2394

In order to participate in Caremark programs, you are required to submit claims using approved and certified software.

Software Vendor Name: PIONEER RX Phone: 800-850-5111

Software ID# (10 digits): D01 2000113 Website: WWW.PIONEERX.COM

Drug Enforcement Administration (DEA) #
FA2175708 - Copy Required

Federal Tax Identification (FEIN) #:
80-0588406

State Board of Pharmacy License #: 27016
** Copy Required**

Insurer Name: SENTINEL INS. CO. LTD

State Medicaid #: 146241
(Required for some plans)

Insurance Policy #: 61SBA PI6338
** Policy Copy Required including levels of Coverage**
$ 1 million per occurrance & $ 3 million general aggregate

Provider has a current valid permit and is conducted as a:

- ☐ Dispensing Physician
- ☑ Corporation
- ☐ Partnership (** Attach member list)
- ☐ Limited Liability Company (** Attach member list)
- ☐ Sole Proprietorship

If Sole Proprietorship:
Name of Owner: _____
Is the owner a licensed Pharmacist? ☐ Yes ☐ No

Has the Pharmacy undergone a change of ownership? ☐ Yes ☑ No

Does this pharmacy fill prescription claims under multiple NCPDP#/NPI#'s? ☐ Yes ☑ No

If yes, please list:
NCPDP #:
NCPDP #:

Service Questions (REQUIRED):

Service information may be used to create patient member directories. Please notify Caremark of any changes to the services provided.

Does your pharmacy participate with the Institute for Safe Medication Practices self assessment process (www. ISMP.org)?
☑ Yes ☐ No

Are you interested in receiving an Electronic 835 remittance advice?
☑ Yes ☐ No

Is 25% or more of your business Mail Order?
☐ Yes ☑ No

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Disciplinary History:

If "YES" to any of the following questions, please explain in a separate document and supply to Caremark.

Has this pharmacy or any of its present owners, officers, or employees ever been denied a pharmacy license or permit or any other type of license or permit applicable to your operations in any state, or had its license or permit revoked or suspended?
☐ Yes ☑ No

Has this pharmacy or any of its present owners, officers, or employees ever been convicted of violating State or Federal drug or healthcare regulations or any other laws or regulations applicable to your operations?
☐ Yes ☑ No

Has the pharmacy ever been the subject of disciplinary action or debarred in front of a state pharmacy board or any other governmental board or agency applicable to your operations?
☐ Yes ☑ No

Is Your Pharmacy License, or that of your employees, not currently active and not in good standing?
☐ Yes ☑ No

Initial

02-16-2012

GOVERNMENT EXHIBIT 243 4:18-CR-368

Caremark Credentialing/Service Level Worksheet – Continued

Access

☐ Open 24 hours/day ☐ Open 7 days/week ☐ Drive-thru window ☐ After hours/emergency RX service
☐ Closed door/Not open to the public

Hours of Operation:

If your Pharmacy is NOT open 24 hours/seven days a week, please list your store hours below.

		OPENING HOURS	CLOSING HOURS
Monday	☐ Closed	08:00 ☑ AM ☐ PM	07:00 ☐ AM ☑ PM
Tuesday	☐ Closed	08:00 ☑ AM ☐ PM	07:00 ☐ AM ☑ PM
Wednesday	☐ Closed	08:00 ☑ AM ☐ PM	07:00 ☐ AM ☑ PM
Thursday	☐ Closed	08:00 ☑ AM ☐ PM	07:00 ☐ AM ☑ PM
Friday	☐ Closed	08:00 ☑ AM ☐ PM	07:00 ☐ AM ☑ PM
Saturday	☐ Closed	09:00 ☑ AM ☐ PM	03:00 ☐ AM ☑ PM
Sunday	☑ Closed	: ☐ AM ☐ PM	: ☐ AM ☐ PM

Delivery

☑ Free Delivery ☐ Free Delivery w/ Limitations ☐ Delivery – Charges Apply

Durable Medical Equipment

☑ Limited ☐ Full-line

Patient Consultation

☑ Written material available for each Rx ☑ Counseling of all meds patient is taking ☑ Compliance monitoring

340B Status (REQUIRED)

Does your pharmacy dispense 340B acquired drugs? ☐ Yes ☑ No
Is your pharmacy owned by or part of a 340B covered entity? ☐ Yes ☑ No
Is your pharmacy a contract pharmacy for a 340B covered entity or covered entities? ☐ Yes ☑ No

Service

☐ Specialty Pharmacy ☐ Blood Pressure Screening ☐ Health Screening ☑ Disease State Management
☐ Infusion Therapy ☐ Vision Services ☑ Compounding ☑ Auto Refill Reminder
☐ Long Term Care Pharmacy ☐ On-Site Clinics

Pharmacy Ownership (Choose ALL that apply):

☑ Male ☐ Female
☐ African American ☐ Asian / Pacific Island American ☑ Caucasian ☐ Hispanic American
☐ Native American/Alaskan ☐ Veteran ☐ Disabled Veteran ☐ Disabled Business Enterprise
☐ Disadvantaged Business Enterprise ☐ HUBZone Business Enterprise ☐ Other: _____

Languages – (Choose ALL that apply):

	Spoken	Printed On Label		Spoken	Printed On Label
English	☑	☑	Japanese	☐	☐
Arabic	☐	☐	Korean	☐	☐
Chinese	☐	☐	Russian	☐	☐
French	☐	☐	Spanish	☑	☐
German	☐	☐	Vietnamese	☑	☐
Hindi	☑	☐	Braille	N/A	☐
Italian	☐	☐	American Sign Language	☐	N/A

Other: SERBO-CROATIAN

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By: X _____
Signature of Owner, Corporate Officer or Letter of Authorization Must Accompany

BRANKO MILOSEVIC, VP
Printed Name & Title

4 , 2 , 2014
Date Signed